



Low-Income Documentation
Workforce Innovation and Opportunity Act (WIOA)
 FORM WIOA I-B – 1.3 (Updated 8/27/18)

For Adult, Dislocated Worker, and Youth Programs

Name:	Participant No.:
Low-income category/criterion Document one	Documentation for Eligibility One document needed unless otherwise indicated Must maintain copies of all documents used
<input type="checkbox"/> Public Assistance: Either an individual or part of a family that receives or has received in the last 6 months assistance through: <ul style="list-style-type: none"> <input type="checkbox"/> SNAP (individual must be listed as the case head or in the caseload) <input type="checkbox"/> SSI <input type="checkbox"/> Other state or local income-based cash public assistance 	<input type="checkbox"/> Verification of Public Assistance Form with assistance provided within last 6 months <input type="checkbox"/> Refugee assistance records <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Other official letter, or other official document verifying that the applicant or his/her family received services within last 6 months: <input type="checkbox"/> If assistance is received by a family member and not the applicant, family connection must be included in document or documented in another way:
<input type="checkbox"/> TANF: Either an individual or part of a family that receives or has received in the last 6 months assistance through TEA or Work Pays	<input type="checkbox"/> Cross-match of name and SSN with State TANF public assistance records <input type="checkbox"/> Until cross-match can be obtained, verification of public assistance form with assistance provided within last 6 months OR <input type="checkbox"/> Other official letter, or other official document verifying that the applicant or his/her family (with verification of connection, as defined as “family”) with services within last 6 months: <input type="checkbox"/> If TANF is received by a family member and not the applicant, family connection to the applicant must be included in document or documented in another way:
<input type="checkbox"/> Receives or is eligible to receive free or reduced-price lunches or an OSY who is a parent living in the same household as a child who is eligible for free/reduced lunches [TEGL 21-16]. (If appropriate, parental connection must be included in document or documented in another way)	<input type="checkbox"/> Notification letter from school <input type="checkbox"/> Statement from school Note: In schools where the whole school automatically receives free or reduced price lunch, documentation must be presented that the student is eligible to receive free or reduced price lunch based on family income

<p><input type="checkbox"/> Family below poverty line or 70% of LLSIL</p> <p>Note: A properly signed and dated application is considered a self-attestation or applicant statement of individuals in family and sources of income.</p> <p>Excluded in income calculations are:</p> <ul style="list-style-type: none"> • Cash payments from federal, state, or local income-based public assistance program • Most military pay and allowances, except pensions • One-time payments • Needs-based scholarships • Other income sources listed as excluded under “Low-income individual” in ADWS Policy No. WIOA 1-2 (<i>Definitions</i>) <p>Included in calculations are income sources not excluded, including:</p> <ul style="list-style-type: none"> • Social Security old-age and survivor’s benefits • Unemployment compensation • Child support payments • Gross wages, tips, salary, commissions, or fees • Net self-employment income • Other income listed in the above policy 	<p>Need <u>one item in Group A</u> plus <u>as many documents as required to document family income in Group B</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Group A: Documentation of number of people in family (see definition of family): Self-attestation of name, age, and relationship of family members, combined with one or more of the following documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Income tax return listing members of family plus birth documentation for any child born after taxes were filed (Income tax must be signed by taxpayer) <input type="checkbox"/> Court document listing all members of family <input type="checkbox"/> DHS statement listing all members of family <input type="checkbox"/> Birth certificates of children in family <input type="checkbox"/> Public Housing Authority Statement <input type="checkbox"/> Statement by landlord or other knowledgeable individual (at the discretion of the case manager) to support applicant statement <input type="checkbox"/> Group B: Self-attestation of family income sources, supported by documented income of all members of family for 6 months prior to application. Documents depend on family situation, but they may include: <ul style="list-style-type: none"> <input type="checkbox"/> Enough pay stubs to verify six months’ employment <input type="checkbox"/> Employer statements <input type="checkbox"/> UI Wage statements to document employers, supported by pay stubs or employer statements from those employers <input type="checkbox"/> Quarterly statements for self-employed individuals <input type="checkbox"/> Financial statements from self-employed individuals <input type="checkbox"/> Bank statement to document income sources, supported by pay stubs or employer statements of gross income <input type="checkbox"/> Pension statements <input type="checkbox"/> Social Security letter <input type="checkbox"/> Court documents <input type="checkbox"/> Other: <p>Note: If family shows little or no income, applicant must write a statement as to how expenses are being met.</p>
<p><input type="checkbox"/> Homeless Individual /Runaway Youth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason <input type="checkbox"/> Is living in a motel, hotel, or campground due to the lack of alternative adequate accommodations <input type="checkbox"/> Is living in an emergency or transitional shelter operated for temporary accommodation <input type="checkbox"/> Is abandoned in a hospital 	<ul style="list-style-type: none"> <input type="checkbox"/> Written statement or telephone verification from shelter, social service agency, school social service officer, or individual providing temporary shelter, detailing where the applicant sleeps at night <input type="checkbox"/> If no such statement is available, applicant may complete self-attestation document explaining where he/she sleeps at night

<ul style="list-style-type: none"> <input type="checkbox"/> Is waiting foster care placement <input type="checkbox"/> Has a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, a park, abandoned buildings, substandard housing, a bus or train station, or similar setting <input type="checkbox"/> Is a migratory child living in circumstances described in this definition <input type="checkbox"/> Has as a primary night time residence an institution providing temporary residence for individuals intended to be institutionalized <input type="checkbox"/> A person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family (i.e. runaway youth) <input type="checkbox"/> Other condition of the applicant's not having a fixed, regular, and adequate nighttime residence: 	
<ul style="list-style-type: none"> <input type="checkbox"/> Is a foster child on behalf of whom state or local government payments are made 	<ul style="list-style-type: none"> <input type="checkbox"/> Written or telephone verification from social services agency
<ul style="list-style-type: none"> <input type="checkbox"/> Individual with a disability who meets low-income guidelines even though the family does not (Disability documents must be kept confidential) 	<p><u>Must document both disability and individual income criteria</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Disability:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Statement, records, or referral from representative of Arkansas Rehabilitation Services or Division of Services for the Blind <input type="checkbox"/> Self-attestation if disability is observable, supported by statement from case manager <input type="checkbox"/> Statement or letter from drug or alcohol rehabilitation agency <input type="checkbox"/> Medical records <input type="checkbox"/> School records <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Statement from school counselor or ADA official <input type="checkbox"/> Psychiatrist's diagnosis <input type="checkbox"/> Psychologist's diagnosis <input type="checkbox"/> Statement from local school, housing, or work area for individuals with disabilities <input type="checkbox"/> Social service records, referral, or statement <input type="checkbox"/> Social Security Administration disability letter or records

	<ul style="list-style-type: none"> <input type="checkbox"/> Veterans Administration letter or records <input type="checkbox"/> Workers compensation record <input type="checkbox"/> <u>Low-Income – Use low-income section for individual instead of family (Do not need family size)</u>
<p><input type="checkbox"/> Youth programs only – lives in a high-poverty area. Must document residency in a county or census tract determined by the U.S. Census Bureau to be a High-Poverty Area</p> <p>(Go to http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml on the lower right side of the screen to determine the Census Tract associated with a particular address.)</p>	<p>Document residency in area of youth or parent/guardian, if minor. Documentation must support the address given on the application, and it must contain name of youth or parent/guardian, if youth is a minor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Postmarked mail from government, organization, school, or business addressed to applicant or parent/guardian <input type="checkbox"/> School record or identification card <input type="checkbox"/> Drivers' license <input type="checkbox"/> Utility bill in name of applicant or parent/guardian <input type="checkbox"/> Payroll stub or W-2 with address <input type="checkbox"/> Verification of address from employer, landlord, or such, at the discretion of the case manager <input type="checkbox"/> Rent receipt <input type="checkbox"/> Property tax record <input type="checkbox"/> Insurance card or policy with name and address of applicant or parent/guardian <input type="checkbox"/> Most recent income tax return of individual or parent/guardian (Income tax returns must be signed by taxpayer. Return must list name of applicant.) <input type="checkbox"/> Verification by official of Housing Authority, DHS, school, one-stop partner, or social service agency
<p>Staff completing form:</p>	<p>Date:</p>